| | | | | | | Docket No. | |
|--|--------------------|----------------------|------------------------|---------------|-------------|------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | | | 030048122US | | |
| Application No. | | Filing Date | | Examiner | | Art Unit | |
| 10/814,494-Conf. #6456 | | March 31, 2004 | | B.V. Amin | | 3664 | |
| Applicant(s): Gun | n et al. | | | | | | |
| METUC | DO AND OVO | TEMS EOD D | ISDLAVING A | SCICTANCE MES | SACES T | O AIDCDAET | |
| Invention: METHODS AND SYSTEMS FOR DISPLAYING ASSISTANCE MESSAGES TO AIRCRAFT OPERATORS | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| Claims Highest | | | | | | i | |
| | Remaining After | Number Previously | Number Extra Claims | 5.4 | | | |
| Total Claims | Amendment 53 | Paid - 52 = | Present 1 | x 52.00 | | 52.00 | |
| Independent | 5 | - 5 = | - | x | | | |
| Claims | | | F-1 | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | |
| Other fee (please specify): Extension for response within first month; Submission of an Information Disclosure Statement | | | | | | 130.00 180.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 362.00 | |
| x Large Entity Small Entity | | | | | | | |
| | ıl fee is require | d for this amer | ndment. | | | | |
| Please charge Deposit Account No. 50-0665 in the amount of \$ | | | | | | | |
| A duplicate copy of this sheet is enclosed. | | | | | | | |
| x The amount of \$ 362.00 to cover the fee is being paid via EFT Account. | | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| x The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 | | | | | | | |
| as described below. | | | | | | | |
| x Credit any overpayment. | | | | | | | |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | |
| | | | | | | | |
| Dated: Nov. 21, Lov8 | | | | | | | |
| Jen M. Wechk Attorney/Agent | | 216 | | | | | |
| PERKINS COIE | | | | | | | |
| P.O. Box 1247 | | | | | | | |
| Seattle, Washington 98111-1247 (206) 359-8000 | | | | | | | |
| (255, 555 5555 | | | | | | | |
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